CHAPTER XI.

THE SECONDARIES OF VACCINATION,
or
THE VACCINIDES;

When a diseased condition comes under the notice of the physician many years after the patient has been vaccinated, it is difficult to establish such a relation between the vaccination and the disease as would convince an ordinary observer that there was any connection of cause and effect between them. Clinical experience of numerous cases of Vaccinides soon convinces the intelligent physician that vaccination is a sufficient cause of the morbid conditions presented to his notice. Where there is evidence that other possible causes have also been present, it will be doubtful as to which is to be regarded as the 'vera causa': and in fact, both or all will often have concurred to produce them; but where there is an entire absence of evidence of any other cause, it is unscientific, when a known cause exists, to suggest that possibly some other cause, of the preence whereof there is no evidence, may have caused them. But objection, well or ill founded, to admit Vaccination as a cause of a diseased condition when such condition is observed first after a great lapse of time, has no foundation where the sickness dates from the time of vaccination in a previously healthy person, and is absolutely inadmissable when it has been continuous from the time of such vaccination. Nevertheless such objection is made, even in such cases, when deemed necessary "for the purpose of saving vaccination from reproach".

The impossibility of distinguishing "pure virus" except by the results, is claimed by the advocates of vaccination all through the history of the practice as a reason for not holding vaccinators responsible for the various disasters which have from time to time saddened this gruesome history.

If small-pox followed vaccination it was said that the patient must have received the "spurious" kind; if during an epidemic or after what has been termed "exposure", a vaccinated person escaped small-pox he was said to have been 'protected' by his vaccination. From time to time when some new method of performing the operation or some new pre-paration of lymph was advocated, its propounders would declare that when such new method of new material was employed, only through gross carelessness could any disaster occur; but when they did occur, recourse was had to one or other of the old excuse. The impossibility of distinguishing 'pure' from "impure" virus except by the result, was distinctly declared by Dr. John H. Lyddon in his evidence given before the Inspectors of the Local Government board appointed in 1882 to investigate certain deaths which had resulted from vaccination in Norwich (England) On page 45 of their report of such commission, (Return made to the House of Commons, October 24th., 1882) he says :-

"I do not consider by examination of vaccine lymph, it could be ascertained whether it was likely to produce such results. I am speaking of pure lymph, lymph which appears to be perfectly pure, which is pure, may produce erythema. There are no medical tests to my knowledge by which it can be told whether the lymph is likely to cause erythema. Pure lymph taken from a child perfectly healthy to all appearances, might produce erythema. In my opinion, the only way to judge whether lymph is pure or not is by its results as to the erythema. (1) The result is the only guide. That answer would apply to other diseases besides erythema. If the subject of vaccination and the vaccinifer were healthy and the lymph pure, erythema and other diseases might still follow vaccination."

Dr. Lyddon further said :-

"A microscopical examination of the lymph would not tell me whether the lymph would produce erythema."

And Dr. Guy, the public vaccinator, in whose practice occurred the deaths which were the subject of the inquiry, said (p.46 of the report):-

"Generally, I agree with what Dr. Lyddon has said. In my opinion the purity of the lymph can only be tested by results." (See obs. at close of last chapter.)

And of the four deaths then forming the subject of investigation, in the cases of three, the vaccination had been certified to as "successful vaccinations," though all the deaths were caused by the vaccination, in only one of the certificates of death was vaccination mentioned. (2) The impossibility of determing the 'purity' of the vaccine 'except by the result' was reluctantly confessed by all the witnesses who were questioned upon the point before the Royal (Br.) Commission of 1889. By Dr. Cory, (Q.4311-3 and 4649,)

(1) In London in 1899 at the Local Government Board's Station in Lamb's Conduit Street, I saw one case in thirteen brought back on the eighth day showing erythema. Vaccinated with Government-provided Calf-Lymph, by the head official vaccinator of the British Government, under "strict aseptic precautions"; surely the resulting erythema must be regarded as one of the "vaccinides" and when can the constitution be assured to be freed from this poison?

(2) Fourth Report of the Royal (Br.) Comm: 1889 Appx: pp 478-82 Q. 15,222-9 15,262-90 also Q. 15,340 See also Va.: Inq: vol XIII p. 13

By Mr. Farn, the microscopist expert, of the Local Government Board, (Q.4173), also by Dr. Crookshank, (Q.11,119), who said "We have no known test by which we could possibly distinguish" between a harmless lymph and one which would communicate Syphilis.

In the cases being investigated (the Norwich Report) Erysipelas and Erythema were clearly traced to the vaccination; and it should not be forgotten that Jenner insisted upon some degree of Erysipelas as an essential element in true vaccination to distinguish it from what he termed the "spurious".(#(3)

In the report of the Royal College of Surgeons (##(4) (Suppressed by Sir John Simon 1857) (London), dated December the fifteenth, 1806, it was said -

"The bad consequences which have arisen from vaccination are eruptions of the skin fifty-six cases, and inflammation of the arm in twenty-four instances, of which three proved fatal."

#(3) Jenner's note Supra p. also "Further observations," p.1.

##(4) This report of the Royal Coll. of Surgeons, together with the reports of the Royal Colleges of Physicians of Dublin and of Edinborough, and of the Royal Colleges of Surgeons of those Cities, formed PART of the report of the Royal College of Physicians of London, 1806. Unhappily for humanity, and for the reputation of Sir John Simon, this report of the London Coll. of Surgeons, though the only one of the six above-mentioned reports which was made after investigation and as its result, was SUPPRESSED by Sir John Simon, when he prepared his now celebrated "papers" for presentation to Parliament in 1857, and it was the only one of the six reports which was suppressed. This shameful suppression does not seem to have been discovered until 1889, when Sir John Simon again presented, this time to the Commission, his "Papers etc" of 1857. But the tergiversations of the public officials of Great Britain, in everything concerning vaccination had now become familiar to a certain portion of the public consisting of men very earnest for the public welfare though holding no official positions, and these papers were now carefully scrutinized, with the result that the attempt again to impose upon the public was detected. On the discovery being made, Mr. Bret Ince, the Secretary to the Commission informed Mr. William Tebb that he was authorized by Sir John Simon to say that he would appear before the Commission and submit himself to cross-examination upon the matter. But in the constitution of the commission, no powers had been given them to enforce the attendance of witnesses; and although abundant opportunity was afforded to Sir John Simon to appear before the Commission for the above purpose, he never did so after the discovery had been made. We shall see another unfortunate consequence of the absence of power to compel the attendance of witnesses in the case of another Official of the British Local Government Board (Dr. Ballard) who had been guilty of a very cruel deception to "preserve vaccination from reproach."

Volume VIII. of the 'Medical Observer' edited by Dr. Charles MacLean, published in London in 1810, pp. 193-7, contains a record of one hundred and fifty cases of vaccinal injuries, with the addresses of ten medical men, including two professors of Anatomy, who had suffered in their family from vaccination, together with a catalogue of 535 cases of Small-pox with 97 deaths from small-pox after vaccination, with references to authorities in each case. # The "Lancet" (London) for December 1866, under the heading of "Syphilis extensively propagated by vaccination in France" records how thirteen children were infected with severe syphilitic symptoms. The Academy of Medicine appointed two Physicians, Dr. Henri Roger and Dr. DePaul to investigate, who reported that the children "whom they examined were undoubtedly suffering from secondary syphilis," and said: "we see no way of explaining this contamination but by vaccination". ## (5)

We have also the admission of Dr. Ballard that "The perfect character of a vaccine vesicle is no guarantee that it will not furnish both vaccine and Syphilitic virus". (Ballard on Vaccination p.345) This admission of Dr. Ballard is now the orthodox teaching upon the subject, as it had always been that of their opponents. The Auto-protective nature of Small-pox was assumed to be true, now known to be untrue: ## (6) that cow-pox was small-pox of the cow was also assumed to be true, because of the alleged likeness of the pustule to that of human small-pox. It is now admitted that the perfect character of the vaccine vesicle is no guarantee that it is the analogue of human small-pox. Nevertheless the belief in its prophylaxy is still professed; and not only so, but pains and penalties are inflicted upon those who do not so believe.

~~See post chapter~~

(5) ## (Third Report Royal Br. Commission, Q. ~~9,457~~. 9,969

(6) ### The curious statements of Dr. Justus O'Hage, Health Commissioner of St. Paul, Minn, have already been noted. Supra p.

Part II 5 ~~239~~ ~~156~~ ~~172~~ ~~229~~

For more than fifty years the British Government insisted upon arm-to-arm vaccination. It has been shown in these pages and will be still further demonstrated that the real nature of cow-pox, from which in some form or other all kinds of vaccine material have been derived, is in its nature Syphilitic. There never was any suspicion of syphilis in any vaccinifer until after syphilis had developed in one of its vaccinees. The assertion now made that by resorting to "Calf lymph" the danger of syphilitic infection is avoided, is another of those bold and unfounded assumptions, contrary to the facts, with which we are confronted at every page of this repulsive story.

In June 1878, the London Lancet, commenting upon an article by Dr. Henry Martin in favor of the employment of calf-lymph said :-

188 "The notion that animal lymph would be free from chances of syphilitic contamination is so fallacious, that we are surprised to see Dr. Martin reproduce it, and so contribute to the perpetuation of the fanciful ideas which too commonly obtain on the origin of vaccino-syphilis."

It is true that in a large majority of cases the vaccinal poison has been so attenuated that a healthy child can generally react against its injurious effects; but with its best results, it is impossible to tell how much the best and strongest constitution may have been injured, mentally and morally as well as physically, by the putting septic material into its life-stream. In giving his testimony to the Royal (Br.) Comm. of 1889, Dr. Cory (#(7)) was forced to the confession that in his own practice of vaccinations with calf-lymph, one in one hundred of the patients had "sore arms", a euphemism for a confession of severe illness, of severe suffering that is, wilfully and needlessly inflicted upon those helpless beings whom every dictate of humanity commands us to protect. He was forced also to the confession that in his practice of vaccination one in four thousand died, i.e. were killed by it!

Syphilis could not be conveyed through vaccination.

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(7) (#) Second Report R.S.D. Com. 1889

(8) (##) An account of the experiment is to be found in the Medical report of the "Local Governemnt Board" 1883, p.46. The experiment was concluded in 1901 by the death of the rash experimenter.

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And very few vaccinators in Europe, and probably none in the United States are so careful, skilful and conscientious as was Dr. Cory, who died of Syphilitic infection, a victim to his superstitious belief that Syphilis could not be conveyed through vaccination. (##) (8)

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Insert p 6 of part II
also marked 240 red

Reversing itself — as all vaccinal authorities have so frequently done — in 1884 The German Imperial Board of Health ordered that in future lawful vaccination in all the German States should be that only obtained from Animal lymph.

On this being made public, Mr G. A. Schlechtendahl of Barmen wrote to Dr Pfeiffer of Weimar one of the greatest [German] authorities and advocates of vaccination, ~~in~~ and asked him if vaccination with pure calf lymph would be safe from syphilitic infection. Dr Pfeiffer replied as follows:

"An infection (syphilitic) is just as possible with animal as with humanized ~~lymph~~ vaccination wound. Fatal cases have already happened from the use of animal lymph."+

A Certified Copy of the statement of Dr Pfeiffer which was written on a Postcard and mailed to Mr Schlechtendahl is in my possession. It forms part of the "pièces justificatives" This

(b) ~~240~~ ~~157~~ 173 ~~226~~ ~~234~~

by Dr. Creighton,

189 In the now celebrated Article upon Vaccination, in the ninth Edition of the Encyclopedia Britannica, Vol. 24, p. 27a, it is said ~~that~~ (referring to numerous outbreaks of Syphilis following vaccination) ~~that~~;

> "A careful examination of these cases shows that syphilis at the source of vaccine matter was in all cases an after-thought, that in most of the cases there was no evidence for it; and that in the remaining cases the evidence was so far-fetched as to be unlikely (apart from the known a priori improbability) of that the traces of constitutional infection found in the vaccinifer were subsequent to vaccination and therefore capable of being explained as an effect concurrent with the more obvious symptoms in those vaccinated therefrom. The effects, however, were very much the same as in the nevereal pox. The vaccine vesicle either became an indurated or a phagedenic sore, there were often eruptions as well, including the roselar, lichenous, or (rarely) pemphigoid eruptions, and not infrequently circa anum et genitalia..... in a small minority of cases, mucous patches on the tonsils, tongue or lips, tending to ulcerate, and in some of the Italian out-breaks, the infection spread among the mothers, and other members of the hourse-holds in the form of specific sores of the nipples with or without constitutional symptoms. The evidence does not allow us to assume any other specific infection than that of cow-pox, which as we all know, has its proper secondary exanthem in the form of mucsular roseolas lichen, or pemphigus....cowpox indeed is parallel with the venereal pox, both in the circumstances ofits becoming an infective ulceration, (indurated or supurating) and in its secondary or constitutional manifestations as an infection in man."

Dr. J. Compton Burnett finds in cephalagia a ~~chief~~ symptom of ~~##~~ (9) Vaccinosis, and everybody recognizes it as a secondary of Syphilis.

The well-known Surgeon, Jonathan Hutchinson, one of the ~~chief~~ strongest advocates of vaccination ~~Officials of~~ England, but in his character of Editor of the "Archives of Surgery" (October 1889) says :

> "We find as direct consequences of vaccination, snuffles, thrush, eruption on the genitals in infancy, nodes in the head, bubo, phagedenic sores, abscesses on the genitals, all of which well experienced surgeons, who saw and examined them carefully, thought to be none other than syphilis."

In the "Nineteenth Century" for June 1878, p.1006, Sir Thomas Watson, the "Nestor of the Medical World" of his day, said:-

> It is too certain that one objection, really formidable does exist (to vaccination) that the operation may in some few instances inpart to the subject ofit the poison of a hateful and destructive disease, peculiar ~~##~~ (10) to the human species."

(9) ~~##vaccinosis and it cure Obs. IX, XVII~~

(10) ~~##~~ This is only true to a relative degree, although the condition of Cowpox is not the same in its effects upon the cow, that the condition of Syphilis is to man; cow-poison, or the pox-diseased mocrozyma of the cow, inoculated upon man produces in him, the condition termed syphilitic, or diseased condition so like to syphilis, that, as Mr. Jonathan Hutchinson said: "the most skilled syphilographers are unable to distinguish between them."

as strictly as possible

I wish to emphasize the importance of adhering to ~~strictly~~ scientific reasoning ~~processes~~ in the investigation now being made. The universally admitted rule, that where an adequate cause of any phenomenon is known to exist, there is neither occasion nor logical justification for imagining ~~seeking~~ another cause, or as it is succinctly expressed; "it is not permissible needlessly to multiply causes"; applies with special force when a cause known to be sufficient is shown to exist, and no other cause can be proved. To assert as is often done when Tetanus (#) or some other disaster follows closely upon vaccination, that the disaster may have been caused by some other cause, of the presence whereof there is no other evidence than the fertile immaginings of interested persons; is not only UNscientific; it betrays as well on the part of those guilty of it, a mental condition which can best be mildly described as Scientifically dishonest.

This criticism has special application to cases wherein diseased conditions have been continuous from the operation, the patient having previously been in good health. I propose therefore to give the history of several cases wherein the sickness dated continuously from the operation before dealing with cases wherein the sickness pronounced itself after a greater or less lapse of time and where consequently some element of doubt must be regarded as reasonably present.

I will first give some cases occurring in my own practice; and first the case whose happening startled me into entering upon an investigation whereof this volume is a result.

June 28th., 1894, Daniel Regner regarded as moribund, was at my request passed into my care. The case as recorded in my case-book was as follows: In February 1894, Dr. Doughty brought before the senior class of the New York Homoeopathic Medical College a child of about eighteen months. He had two large buboes, one in each groin, fully

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(#) With regard to Tetanus, the assertion is specially illplaced. Already in the year, 1805, Tetanus was recorded as following vaccination and upon investigation was conceded to have been the undeniable cause. There was no other cause discoverable; there was no other solution of continuity of the skin than the vaccinating puncture, and care and general cleanliness were proven.

one and three-quarter inches in height and from one half to five-eighths inch in diameter.

The child had been operated on for phymosis about six months before and about a week later for paraphymosis; in all other respects he ~~was~~ a perfectly healthy and even robust child, until vaccinated. Both operations were performed under "strict" aseptic ~~and anti-septic~~ precautions, and I have personal knowledge that at the time in question the greatest strict-ness in these regards ~~were~~ was exercised at that hospital.

Some time in ~~November~~ December of that year (1893) the child was vaccinated in the same institution, with vaccine matter obtained from the New York Board of Health and therefore, according to the statements of that Board with "pure calf-lymph dried on quills"; that being the "vaccine lymph" then in use and distributed by the board at that period.* (13)

A month later the child was returned to the Hospital with a

Insert p 175

Here then we have a virulent bubo, in the favorite place of venereal bubos, the [illegible] to which according to Ricord, nearly [illegible] — the bubo itself is "the inoculation of the pus of the chancre" (Traité pratique des maladies vénériennes Paris 1838 p 150) [illegible] from which it was [illegible] in this child [illegible] [illegible] healthy [illegible] [illegible] [illegible] iety.

face and scalp as well as over the entire body; the photophobia was in-tense, great sleeplessness, crying or moaning all the time. Mother was still nursing the child although twenty-one months old, because she

* Letters of the Board to the author, particularly one under date July 6, 1903 — (12) in answer to his inquiries thereon

one and three-quarter inches in height and fron one half to five-eighths inch in diameter.

The child had been operated on for phymosis about six months before and about a week later for panphymosis; in all other respects he was a perfectly healthy and even robust child. Both operations were performed under strictly aseptic ~~and anti-septic~~ precautions, and I have personal knowledge that at the time in question the greatest strict -ness in these regards ~~were~~ exercised at that hospital.

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A month later the child was returned to the Hospital with a penetrating ulcer at the point of vaccination; arm deeply inflamed elbow, and the two buboes above-mentioned had begun to show themselves. The glans penis was swollen, there was a rash over the whole body, great photophobia and conjunctivitis: ~~Jul. 30, C. No. effect: Puls: No effect.~~ February, buboes lanced in presence of ~~the class; of my~~ self, ~~and of other~~ physicians. Discharge a green ichorous pus; much induration present; ~~Rx. Ant. Tart:3x.~~ A month later the child was returned to the Hospital with a vesicular rash over the whole body, and between the vesicles a coppery colored roseola, excessive itching, intense photophobia, induration continued, perhaps increased.

As I contemplated taking charge of the case, I called on the parents and they consented to an examination which I made in the most thorough manner that I was capable of doing, and found the parents to be of exceptional good health and belonging to a healthy, long-lived family.

June 28th. case placed in my care. I found the child suffering intensely from the itching of the rash, which now extended over the face and scalp as well as over the entire body; the photophobia was intense, great sleeplessness, crying or moaning all the time. Mother was still nursing the child although twenty-one months old, because she

thought being so sick it would be dangerous to wean it. Stopped the Mother's suckling, ordered milk diluted with water and sweetened slightly, added a very little salt and ordered farinacious food. Gave the child a warm pack and ordered this to be twice a day, gradually cooling the water for the pack; Sul. 200C. June 25th. Some improvement: June 28th. called in Dr. Hitchcock to whom the merit of the ultimately satisfactory result is mainly due. He or I visited the child every day. Bowels continued constipated, Sul. 200 C. repeated. July 8th. great improvement, less itching, rash dying out, photophobia still great, bowels constipated. This had continued for five days. Bell. cm (Fincke's preparation), within one hour, a large loose stool almost filling the utensil, dark-yellow, mixed with reddish white and yellowish-white fibres; painless; odor most disgustingly offensive, like the worst sort of rotten eggs. Five or six discharges at intervals, first about an hour then two, four, and eight hours, less and less in quantity and offensiveness. The rash disappeared and then reappeared at intervals. The rash clearly syphilitic in appearance. Rx. Sac. Lac and pack once a day for a week, and then every other day. July 20th. treatment continued: Bell. cm: one dose. July 30th. repeated Bell. cm. continued the pack every second day. August 11th.: Calc. Carb. 12 C. August 20th. discharged cured.

I call attention to the "strict aseptic precautions" now said to be so essential to be observed in the essentially septic operation of vaccination; not merely Septic in the ordinary use of the term among surgeons in describing unavoidably septic operations, but artificially made septic; made so purposely, for its very essence is that of planting SEPTIC material into a previously healthy body; and unless it imparts such sepsis to the vaccinee, the operation is regarded as unsuccessful. The gravity with which ASEPSIS is insisted on in the performance of this essentially septic operation demands a Moliere or Dean Swift to do it justice. But "strict aseptic precautions" is a term to conjure with;

it impresses the lay mind as something tremendously grand, also perhaps that numerous class of physicians who like to have their thinking done for them, to whom perhaps it will now appear as something quite new, that the supposed virtue of the operation consists absolutely, entirely, in its being, not only septic, but also capable of conveying such sepsis to the vaccinee. The spectacle I saw of this poor child in the operating theatre of the ~~N. Y. Hom.~~ Hospital was not lost upon me, it startled me into an investigation of the entire subject of vaccination, which up to that time, I had accepted upon the say-so of the professors under whom I had studied, of everybody I had met in the medical world, and of all laymen among whom I had ever heard the subject discussed. I soon came across the excuse of "impure virus", and for that reason I inquired of the physician in charge at the Hospital and at the dispensary, what virus was employed, and learned that the Hospital and dispensary at that time had all of its virus from the New York Board of Health. The condition as to health of the parents was ascertained by me while I still entertained the hallucinations upon the subject common at the time and at present, both to the public and to the profession, and while I was hunting for an excuse for this case of "vaccination gone wrong", and would have been wickedly glad to find evidence of venereal disease in either parent.

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As above stated, and to the surprise of all who had seen the child up to the 24th. day of June, the child recovered. I regret that I ~~had~~ did not know enough at the time to have a portrait taken of the child while still sick. From the day I had witnessed the operation in the Theatre of the Homoeopathic Hospital ~~of New York~~, I have given my entire time to the study of vaccination and small-pox, the case having aroused me from the sort of sleepy acquiescence which, up to that date I had given to the currect dogna, and I joined with some forty-five physicians in a call for a meeting of Physicians to be held at the Fifth Avenue Hotel, New York City, to be held in the evening of the fifth of June, 1895, to consider the subject of vaccination. On the morning of that day I

chanced to receive from the boy's father a letter stating that the boy had broken out with an irritating rash. I telegraphed to the father to bring the child to the meeting and was thus able to exhibit him to the assembled physicians, some seventy in number.

The eruption now resembled an acne with an indurated base of the usual coppery color of syphilitic eruptions, and answered to the description given by Erasmus Wilson in his work on "Diseases of the skin" (p. 401) under the title "Tubercular pustules", viz:-

> "Tubercular pustules bear a marked similarity to Acne, being developed upon hardened bases, apparently frequently upon the face and forehead, and in their mildest form unaccompanied by surrounding inflammation. They are tardy in their course and present the ordinary color of syphilitic eruptions."

About the same period in the following year the father reported the child to me with another form of eruption in all respects resembling syphilitic erythema. I treated the child, the eruption gradually died away, taking about twenty days to disappear. One year later viz: in June 1897, I was again called to attend the child. This time the eruption resembled varioloid, and I thought I was about to have a case of Small-pox upon my hands, I ~~gave him a hot air bath~~ and the indicated Homoeopathic remedies and in two days he was quite well. I have not heard from him since.

This case seems to me to present several instructive features: first we have the violent syphilitic poisoning; for this the treatment given by Dr. Hitchcock and myself seems to have been correct, ~~and included~~ not only the indicated homoeopathic drugs, but also the hot, and later, ~~cold pack.~~ The belief that a correct treatment was given is supported not only by the fact that the child, supposed moribund, did not die; but because according to the statements of both parents he has become quite robust; also because each recurring eruption was of a less virulent type than its predecessor. The last one, which certainly partook of the nature of Small-pox, probably indicated the last and least pernicious effect of the vaccine poison, in whose pedigree, it is clear from the statement of Dr. ~~Hutchinson~~ Biddlestone, of the New York Board of

Health before quoted, (antep. 45) the small-pox poison undoubtedly entered. As now Small-pox according to Sydenham and other competent observers, who had no interest to serve in either belittling or magnifying the dangers of small-pox is "the lightest and safest of all diseases" if properly treated, that condition remained in abeyance in the boy's system until the stronger poisons were eliminated. As over nine ~~five~~ years have now elapsed since the boy has been reported to me, and the parents declared their ~~at~~ in tention to apply to me in case of any change or sickness, there is every reason to hope that the boy has since continued and is now well. But though there is good reason for this expectation in this case, the suffering that child has endured ought not to go for nothing: ~~it is also certain~~ nor does there seem to me any room for doubting that Daniel Regner has suffered a lowering of that vitality which he had inherited from his exceptionally healthy parents. And this must be true of every vaccinee, whether he ~~was~~ be blessed with healthy parents or not, and whether any signs of lowered vitality can be observed or not.

Let us now apply well known pathological facts to try and read aright the lesson this infant's clinical history ought to have taught to every ~~medical~~ student of medicine, including in the term the physician who ~~was~~ were present when Dr. Doughty incised the buboes, and to every such one who has studied the history herebefore given.

Dr. Béchamp has taught us that every cell contains its microzymas, which are its centres of life, and that when the cell is diseased its microzymas are also diseased; but few physicians are familiar with his works and I will not confine my demonstration to the means, or process of reasoning so clearly to be deduced from the facts he established. I will draw my conclusions only from facts known to all educated physicians in its common acceptation

Contagion is the act by which disease is conveyed through ~~cell~~ person contact from a diseased to a healthy subject. Either the ~~The~~ diseased cell of the diseased person proliferates in the tissues of the heretofore healthy one, and an accumulation of degraded cells takes place, or else the diseased person communicates the medium into which it is placed the cells thereof proliferate.

In one or other of these ways there is produced
~~This produces~~ the primary lesion - the ulcer of vaccination, with induration as in ~~other~~ chancres and many other ulcers by the crowding of the proliferating degraded i.e. diseased) cells. Under favorable conditions, this ulcer will throw out, as pus, the diseased cells, both those inoculated and those derived from it by proliferation; in a far greater number of cases than has at all been suspected by the public or profession generally, the infection penetrates throughout the system just as the syphilitic virus admittedly does, and we have seen that even the syphilitic virus does not always infect a person exposed to it. The mode in which the infection pervades the system is easily understood. All our tissues #(14) are pervaded by lymph spaces and channels which lead into lymphatic vessels, and the lymph current always flows from the tissues towards the lymphatic vessels and glands, which are located at short intervals throughout the lymphatic system.

The diseased cell introduced by vaccination may be inoculated directly into a blood vessel and so produce the rapid poisoning whereof the shameful history of vaccination furnishes so many instances; but in by far the greater number of cases it and its diseased progeny - results of its proliferation ~~are~~ carried, sooner or later, into the lymph current and by it into ~~the~~ a gland. The presence of the diseased material causes the trabeculae to swell. The gland ~~then~~ enlarges and indurates, the indurations being the result of the compression of the ~~rapidly~~ proliferating cells and their detention in the gland by the well known specialism of its structure.

The rapidity with which constitutional infection took place in Regner's case was indicated by the early appearance of constitutional symptoms and the development of the buboes at ~~so~~ early a period at so great a distance from the original point of infection as the inguinal region. His ultimate recovery under treatment and the subsequent eruptions indicate the large vitality with which his splendidly healthy parents had endowed him, and which vitality has undoubtedly been deteriorated, though to an unascertainable degree, by the ~~criminal~~ vile practice of the New York Board of Health.

#13) Except the blood; it is necessary to name this exception as the blood is properly classed among the tissues of the body.

~~Chapter II~~

At the time that the case of Daniel Regner startled me from the apathy with which I had theretofore regarded the subject of vaccination and induced me to investigate it, I was an exceedingly well-preserved man in my sixty-fourth year. Desirous of procuring a clinical knowledge from personal experience of the disease 'Vaccinia', having always objected to making experiments upon my patients, and when experiments seemed desirable making them upon myself or upon cooperating associates, with ignorant foolhardiness I procured myself to be vaccinated by a then personal friend of ~~many~~ some years who happened to be one of the Doctors employed by the New York Board of Health. I had been vaccinated in early childhood, and later I had confluent small-pox, and of course, I supposed, as was then the received belief, that vaccination plus small-pox secured me Positively against a second attack of the latter; it was not therefore from any dread of that disease which led me to have myself again vaccinated, but solely for the sake of the clinical knowledge of Vaccinia I hoped thereby to acquire. My ~~then~~ medical friend was careful, as he told me, nor do I doubt him, to wait until he could procure a fresh supply of "pure calf-lymph" ~~from~~ (15) from the Board, with which, when obtained, he re-vaccinated me at the usual place, viz: at about the insertion of the deltoid on the left arm. The usual primary effects of the disease thus induced upon the healthy, appeared and passed off in the usual manner. About ~~four~~ three months thereafter I became affected with a severe itching and eruption on the inter-scapular and superior sternal regions; but I am unable to describe the character of the eruption, as I could not see it. I was, however, able to see the tint of an areolar which appeared upon the chest below the eruption, and this was certainly somewhat copper-colored. At the time the irritation first troubled me, I was as ignorant as is to-day the majority of the profession, including, and perhaps especially, the officials of the various Boards of Health, 15 of the real nature of vaccination, and knew not to what to ascribe my ailment. It was not till I had made some progress in my study of the subject, that I recognized it as a not unusual sequela of vaccination. In the course of my life I had suffered from, what is termed "Articular Rheumatism", and slightly from gout; but always on the right side and limbs, and up to

15 & 4 "Pure Calf-lymph"! as well talk of pure rotten eggs!

the time of my re-vaccination as above mentioned, my left side and limbs had never been affected. Except small-pox, scarlet fever, measles and whooping cough in childhood, one of which left me with a fatty tumor upon the external face of my left thigh, and which had been excised by the late surgeon, Liston when I was ten years old, I had enjoyed good health and I have inherited an unusually healthy constitution, especially from the maternal side, and no blemish or other trouble except as above described had ever assailed me on either side of my body. (41)

Beginning about two months after my re-vaccination as mentioned, and thereafter continuously for many months, I was affected with pains in the muscles of my left upper extremity described as of a rheumatoid character, accompanied with a slight swelling of the glands of the axilla, with a feeling of constriction and sometimes intense ache: while my left grasp gradually became enfeebled and continued for several years much weaker than that of my right. The aching and constriction were sometimes so severe as to inhibit sleep and to this day there is a constant sense of discomfort of weight and fatigue- in the whole of my left arm and forearm. From about April to the end of August, 1894, I suffered severely. For about two months my left arm, from shoulder to knuckles, felt as though the skin were stretched tight as a drum, and a soreness radiated from the vaccinal scar. The glands of the left axilla were swollen and somewhat painful, as were also the superficial lymphatics which accompany the cephalic and ulnar veins, as well as those which cross the upper part of the biceps. The cephalic and ulnar lymphatics could be traced by a light blush red line which showed itself upon the surface of the skin. The temperature of the left hand and arm was generally from one-half to three-quarters of a degree, (F,) higher than that of the corresponding parts of the right. Besides certain drugs in very small doses, I took the hot air bath several times a week for a lengthened period, when the vaccine scar would become of a scarlet red, with an areola of an irregular circle, of which the scar was not quite the centre, of about one-half to three-quarters of an inch measured from the scar. This redness both of scar and areola would die away gradually in about a few hours. About April, 1896, or two years and a quarter after I had been guilty of the flagrant sin of planting organic poison into my body (though however I must insist with the sole object of acquiring

a knowledge of the nature and progress of vaccination), I began to suffer from abscesses over the whole of my body. They occured in continual succession for over six months and chiefly in the perineal region, where there appeared one which the physician who had vaccinated me, happening to be on a visit to me in the country, described "as the largest and most angry looking he had ever seen."

Dr. Robert Lincoln Watkins in his work entitled "Diagnosis by means of the Blood" says: "Another fact I have often observed is that tuberculous matter is always present in abscesses or pus formations..." Neither in my own, nor in my family history is there any form of tuberculosis to be found, except in that of my only sister, subsequent to, and as I now recognize, in consequence of, a vaccination to which she submitted during an officially raised small-pox scare when she was carrying her second child, and was induced to undergo it "for the sake of the child she was carrying."

The only source of the "pus formations" from which I suffered, was the vaccination to which I ignorantly subjected myself in 1894 as above mentioned. Up to October, 1903, I was in hopes tht the siege of abscesses and boils above described, had cleared my blood of the vaccine poison. The experience mentioned below has compelled me to revise that opinion.

That my experience of abscesses as a result of "Successful vaccination" is not unique, may be judged from the case of Dr. F.C.S..., a practicing physician of St. Paul, Minnesota, who until shortly before he met me had been a firm believer in the vaccine cult. He had begun to entertain doubts about it a few months before, and these doubts had been greatly strengthened on hearing my lecture upon the subject on the 1st of February, 1903. Dr. S...called upon me at my hotel in St. Paul and gave me the following history:

> "I have been vaccinated three or four times. Five years ago I vaccinated myself with glycerinated calf-lymph; and not feeling quite satisfied with the result, re-vaccinated myself about two years ago with humanized lymph. I have suffered constantly with malaise since, and in October, 1902, a boil appeared upon my neck which caused me great suffering; about two weeks ago all my lymphatics seemed affected and another boil appeared in nearly the same place.

> The glands of the neck and left axilla were much inflamed and painful."

I did not see him again, nor hear of him until May, 1903, when in answer to a letter of inquiry from me he stated that he had entirely recovered. (18)

The account of my personal experience above given was written substantially as it now stands in the spring of 1899 from my own notes in observation of the case, made as the occurrences happened.

It will be remembered that it was for the purpose of studying

Insert p 17

From September 1896 down to the latter part of [illegible] 1903 I was [illegible] treated [illegible] most continuously, under the care of Dr. [illegible] James, Philadelphia, for various troubles some of which may or may not [illegible], most probably, all were direct or indirect [illegible] of the [illegible] of my before [illegible] condition, my vaccination — i.e. [illegible] with [illegible] matter — in 1894. These [illegible] — [illegible], repeated; pain centered at inferior angle of right scapula, extending over a considerable [illegible]; [illegible] by lying on right side, once downwards; rheumatic pains, [illegible] in shoulders and arms; [illegible] in right inguinal region; irritable bladder; enlarged [illegible] state; [illegible]. All these appear [illegible] Dr. James' records. I made as light of them as possible to all my other friends [illegible]. I had also an eruption of the [illegible] which a physician erroneously diagnosed as epithelioma. [illegible] Dr. James correctly described it as erythematous; it was very painful at times.

not permit me to have such control, that they proposed that I should "demonstrate" the Pickering bath, but that they would continue what I deemed their very objectionable practice of full feeding, morphine and stimula-

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It will be remembered that it was for the purpose of studying ress of the vaccinal process tht I procured myself to be vacci- aving no suspicion as to the real character of the disease y imparted. The story of my personal experience remained unaltered May, 1904. Much of what follows was introduced as a note to chapter . I did not introduce it into the text, because I thought that ssibly the profound objections I have acquired to the practice of vaccination might have created a prejudice in my mind, leading me perhaps unduly to ascribe my present sufferings to my vaccination in 1894.

The clearing up of the diagnosis in my case by a blood examination made in November, 1904, by the distinguished ... Dr. Robert L. Watkins, has made the matter so certain that I have transferred the former "note" to the text. Insert

On the 8th October, 1903, I went to the Municipal Hospital, Philadelphia, Pa., on the understanding that I was to treat some small-pox patients there, for THEIR benefit and with their consent, and for the instruction of the physicians in charge. According to the statement of Dr. Preston of Chester, Pa., who had practiced with great success the system I adopted and which I had explained to him, the patients I treated were to be placed absolutely under my care.

It was due to the success Dr. Preston had achieved with the system of treatment in question that the arrangement for me to demonstrate it had been made. Both he and Mr. Taylor, a wholeale tea-merchant of Philadelphia, were absolutely certain in the statement that it was clearly agreed that I was to have complete control of the cases I treated. I found, however, that the physicians in charge would not permit me to have such control, that they proposed that I should "demonstrate" the Pickering bath, but that they would continue what I deemed their very objectionable practice of full feeding, morphine and stimula-

tion, whenever they might think the cases required to be so treated, and that too, although I pointed out some very injurious effects which as I learned had been produced before our eyes in the very short period I had been there, by the hypodermic injection of morphine. Under these circumstances I retired from the cases, and had to undergo, a second time, a disgusting, injurious and useless process of formaldehyde disinfection. The details of the process, and the curious reasoning of the physician in charge for subjecting me twice to this disgusting rite, may be described at some convenient opportunity as affording striking illustrations of the profundity of human folly bearing a masque labelled "SCIENCE". By ascending the stream of history parallel cases can be found.

Many thousands of years ago the Egyptians performed certain rites which are described in the "Book of the Dead". These were expected to affect the fortunes of the dead, but it is to be remembered that with the Egyptian modes of thought, the dead were more real and living to them, than were those whom we term the living. Then we have the exorcisms of the christian church during the middle ages, (practiced to this day in some parts of Christendom), but perhaps the closest anology to the formaldehyde purifications ~~of~~ practiced by modern official ~~"medicine-men"~~, is furnished in the rites of purification to which the persons and baggage ~~(as was done to me at Rome)~~ of the ambassadors of Justinian were subjected, before they could be admitted to the presence of the Great Khan. Some account of these rites will be found in Note A. by Dean Milman to Gibbon's "Decline and Fall of the Roman Empire", (chapter XII, vol. IV, p. 328; Harper & Brothers, 1899.)

All of these practices rest alike upon the unfortunately-wide employment of the device of bald assertion of alleged facts to uphold dogmas without any evidence to support them.

The pungent, penetrating and irritating formladehyde acted very injuriously upon me, and I reached the home of Dr. Preston in Chester, Pa., seriously ill, on the evening of October 10th, 1903, when he treated me with immediate (temporary) relief, neither of us realizing the serious character of the illness which impended. I returned to my home in Brooklyn, New York, on Monday the 12th October, and got gradually worse; malaise and pain increasing constantly in severity, until, on the 22nd of that month, on undressing at two p.m. at the establishment of Mr. Staben,

to take an electric light bath, I perceived a pronounced and typical Herpes Zoster, entending around the right half of my body (and a little further both ways), over the sites of the sixth to ninth dorsal and intercostal nerves. Atlas, plate [illegible], figs. 1 & 2 are copies of the portraits taken photographically, and colored from nature by Mr. W. J. Fenn, the well-known artist; fig. 3, ~~is a~~ one, a microphotograph, enlarged, taken by Dr. Robert L. Watkins, the specialist in diagnosis by means of the blood.

~~[illegible]~~ For months, I could not bear the lightest friction over the legions, and lay naked in bed with a cradle over my chest to keep ~~the bed-clothes~~ even a sheet from touching me. There can be little doubt that the poisonous, irritating fumes of the formaldehyde formed the exciting cause of the attack, but for its chronic character, I am driven, and I think every student of pathology will perforce come to the same conclusion, back to my foolhardy experimental vaccination in 1894.

It is to be remembered that up to that date the immense majority of the profession insisted that one attack of small-pox was a certain preventive of a second, or at least so nearly certain that , as sworn to on the witness stand by Dr. O'Hage of St. Paul, Minn., so recently as 1903, there was only one second attack in ~~one or more~~ several millions of cases. I was imbued with this belief (though not to the extent that Dr. O'Hage seems to be), and Sir John Simon in his testimony before the Royal Commissioner on vaccination of 1889 reiterated this baseless assertion. I also believed in the prophylactic power of vaccination, not for a short time, but, with few exceptions, for life, ~~as above mentioned, as I had~~ as above mentioned I had been vaccinated in infancy, and later had confluent small-pox, so that in accordance with the then teaching of the schools I knew that I was immune, and besides, I was also always possessed of that primary qualification for a physician, of absolute fearlessness of infection. It was not, therefore from any desire for further "protection" that I submitted myself to vaccination in the spring of 1894, but with the sole desire of obtaining a knowledge through my own experience, of the clinical aspects of "Vaccinia", my ignorance whereof had been brought home to me, by the case of Daniel Regner. It is, however, a matter of great surprise to me now, that I so --

(20)

entirely failed to read aright the lesson of that case.

I had, of course, studied physiology, biology and pathology in the course of my medical studies, but now, at the time it ought to have been of use I wholly failed to apply the knowledge then "crammed" to the concrete case before me, and so failed to appreciate the danger of introducing the septic products of disease (deceitfully styled "pure vaccine lymph") into my blood. My mental perception was filled with the common course of the operation, which "everybody" said was harmless, and the possibility of ulterior danger did not occur to me in spite of what I saw before me in the case of Daniel Regner.

While pursuing my studies into vaccination, I drew up a pathological diagnostic table for my own guidance, of the three conditions, viz: Small-pox, Cow-pox and Syphilis, and sent it to the late Dr. Hubert Boëns of Charleroi, for criticism, the immense experience of that learned physician rendering him the most competent person I know of to advise me upon the clinical aspects of almost all zymotic diseases. In the table I sent to Dr. Boëns, I had made no mention of 'Herpes' in relation to any of the three diseases above mentioned, but he returned it to me with valuable observations, an important one being the frequent occurrence of herpetic diseases, and especially of what in pre-vaccination days had been one of the rarest of diseases, viz: Herpes Zoster, as a sequel in vaccinal and syphilitic contamination, but more frequent in the former than in the latter.

accuse vaccination thereof.

Dr. L. Grigot-Sicard, in "L'herpetion pathologique manifesta-

At the Dispensary of the Homoeopathic Hospital of New York Dr. Henry M. Dearborn had two cases of herpes "seemingly traced to vaccine poisoning. Both young adults, and the herpes developed within a month of the vaccination which in both cases caused extensive sloughing of the arm at, and about the point of vaccination".

matter in the blood. This relates to what may be termed naturally developed Herpes and is evidence of an unhygienic mode of life; a portion then it is to be considered that where organic diseased matter has been artificially introduced into the blood, the presence thereof is the cause of a subsequent Herpes. when no other cause is proven suspected.

After various attempts to discover some other cause for my sufferings, each one suggested by myself and by my medical advisers, being eliminated one after the other from the ranks even of probability, I applied to Dr. Robert L. Watkins, the Haematologist for a blood examintion. The result cleared up the diagnosis and the aetiology. He made his first examination on the 17th November, 1904, second, and then a third on April 18, 1905. Figs: 3 & 4 Plate XXVII show the result. In a letter explanatory dated Nov. 22, 1904, Dr. Watkins writes:

> "The large number of cells in your blood, as well as their strong contour, indicates that you have plenty of it, good vitality, and a strong constitution even at your age. The eczema spores in the white cell plainly show in the picture; it is my opinion they were introduced from the outside. These spores are trying to work themselves out through the skin, and naturally affect the weakest part,-which seems to be, in you, the nerves in the intercostal region. This is the only pathological product in your blood, there is no adhesiveness of the cells. I think you will outlive the shingles." He also says-"My opinion is that this poison was introduced, because of its late appearance."

Before leaving the subject of Herpes, whose existence as a sequel of vaccination will not, now be disputed, I will call attention to Jenner's letter to Richard Dunning, October 25th, 180, P. S.(Barron's Life, etc., vol. 2, p. 344.) in which he says:

accuse vaccination thereof.

Dr. L. Grigot-Sicard, in "L'herpetism pathologique manifestations, etc." Paris 1870, defines Harpes as "une maladie constitutionelle, ayant pour cause directe la presence en excès de principes excrémentitiels dans le sang"(A constitutional disease, whose direct cause is the presence in excess, of excrementitious matter in the blood.) This relates to what may be termed naturally developed Herpes and is evidence of an unhygienic mode of life; a fortiori then it is to be considered that where organic diseased matter has been artificially introduced into the blood, the presence thereof is the cause of a subsequent Herpes. no other cause is proven to the present.

After various attempts to discover some other cause for my sufferings, each one suggested by myself and by my medical advisers, being eliminated one after the other from the ranks even of probability, I applied to Dr. Robert L. Watkins, the Haematologist for a blood examintion. The result cleared up the diagnosis and the aetiology. He made his first examination on the 17th November, 1904, second, and then a third on April 18, 1905. Figs: 3 & 4 Plate XXVII show the result. In a letter explanatory dated Nov. 22, 1904, Dr. Watkins writes:

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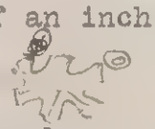
"One word more on Herpes. Seeing how frequently the vaccine disease becomes entangled with it, etc."

Without pretending to bring clearness into anything Jenner wrote, it may be concluded from what we now know of Jenner's tortuosity that already in 1804 Herpes had frequently followed his vaccinations.

About the 15th Nov. 1905 I experienced an itching in the left shoulder. Being engaged at the time(in revising this work) I by a sort of automatic and unconscious movement rubbed and probably scratched it. The itching recurred about the same time in the evening-between 7 and 9 o'clock on several successive evenings. On Monday the 27th Nov. Dr. Tennison C. Deane of San Francisco was visiting me and the itching recurring, it occurred to me that it must be near the site of the vaccination, and I asked Dr. Deane to look at it; he described it as consisting of two papules situated at a distance of about one quarter to one third of an inch around the upper part of the vaccination scar as thus  with a narrow areola and bore the appearance of having been scratched and crusts torn off which were now reforming. A picture as he described it is given in the margin.

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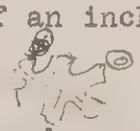
About the 15th Nov. 1905 I experienced an itching in the left shoulder. Being engaged at the time(in revising this work) I by a sort of automatic and unconscious movement rubbed and probably scratched it. The itching recurred about the same time in the evening-between 7 and 9 o'clock on several successive evenings. On Monday the 27th Nov. Dr. Tennison C. Deane of San Francisco was visiting me and the itching recurring, it occurred to me that it must be near the site of the vaccination, and I asked Dr. Deane to look at it; he described it as consisting of two papules situated at a distance of about one quarter to one third of an inch around the upper part of the vaccination scar as thus  with a narrow areola and bore the appearance of having been scratched and crusts torn off which were now reforming. A picture as he described it is given in the margin. insert Dr. Preston of Chester, Pa. and many other experienced physicians, as the result of clinical experience, have stated that in malarial districts malarial fever often follows vaccination so closely that they must be regarded as cause and effect.

In the course of my life now ~~approaching~~ (August 1907) 77 I have frequently sojourned in malarial regions both in Europe and the United States and during the malarial seasons, but until the time presently mentioned was ever immune to it. The tedious and severe illnesses I have suffered since I was vaccinated in 1894, and especially since October 1904 [illegible] lowered the strong vitality I had inherited, that I became susceptible to any diseased condition which might be around.

In May 1906 I went to reside in the Bronx where

public improvements in the way of road making and bridge building were in progress.

Ground which since man's residence upon the earth had never been disturbed was now torn up to depths of from five to fifty feet and malarial fever became epidemic. In the early part of September 1906 I was stricken down and suffered severely from a violent attack of malarial fever from which I ~~am now (Nov. 26)~~ slowly convalesced; the intercostal neuritis ~~remaining~~ from the Herpes continues to the present time (February 1908) though with diminishing severity.

The following case illustrates severe neuritis directly following vaccination. In obedience to the orders of the Board of Health of Carbondale, Mrs Mary Walzer was vaccinated. She never recovered. For two years she could scarcely move from neuritic pains and ulcers. She was taken to the Johns Hopkins medical Clinics (Phil:) and to those of Bellevue Hospital (N.Y.) The ulcers which had been continuous from the time of vaccination healed after a time, but neuritis followed and she suffered terrible agony

The attack of malarial fever from which I suffered in 1905 as above described, I do not regard as a direct consequence of the poisonous inoculation of 1894; but it as well as the almost continuous sickness I have suffered from that date as above described where they are not the direct results are the remote effects due to the lowering of my vitality by the inoculation rendering me susceptible to whatever diseased conditions may be around. It is to be observed that various forms of herpes, were that of Foster were very frequent in

The subject of vaccination has but to be started in any promiscous company of laymen, and cases of injury will come up which have never been noticed in any medical publication, rarely in any press notice, and have ~~never~~ not even been heard of outside of the patient's own circle. Journeying to the South in December 1904 and January 1905 on board the 'Comal' of the Mallory line from New York to Mobile, Alabama; in search of that health of which vaccination in the year of 1894 had robbed me, the Captain mentioned that in June 1899, being first officer on board the "Alamo" of the Galveston, Texas line, the second officer of that vessel, now with him as second officer of the "Comal" suffered dreadfully from vaccination.

In obedience to orders from headquarters, the captain had given orders that all hands must be vaccinated, and in June 1899, he being then 28 years old, the second officer George H. Thorsen was vaccinated by a physician at the large office New York, and therefore presumably by a vaccinating official of the New York Board of Health, upon whose insistance the order for vaccination had been issued and with "pure glycinerated calf-lymph" and doubtless "under" strict aseptic precautions."

In about two days Thorsen's arm began to swell. It became red, purple and spotted all around the vaccine punctures. On the sixth day his arm became useless and turned black to the tips of the fingers, the pain was excruciating - the ship's doctor said it was a case of blood poisoning from vaccination and reported it to the captain who sent Thorsen to the hospital at Galveston. He was there a week and returned on one of the Mallory vessels to take a position, but it was two months before he had any use of his arm. Plate ~~XXVII~~ XXIX fig. I is a picture of the scar as seen by me on the 2nd. January, 1905. The dimensions are exact as also the outline; continuously all around the boundary line, and extending from 1/4 to 1/3 of an inch inward, were the peculiar, nearly circular pits of the vaccine scar familiar to physicians, which the artist has not been able to reproduce from my description and which I did

not know how to represent in the sketch I made at the time.

At present (Jan. 2nd. 1905) various experiments demonstrated a striking difference in grasp lifting power, and thurst, between his right and left arms and hands as also in tactile capacity. ¶ In March 1905 I visited the Negro University at Tuskeegee where I saw several cases of serious and lasting injury from vaccination. ¶ Robert Clark colored (from his appearance I judged him to be a quadroon) and a resident of Savanah, Ga. in his 20th. year, had been vaccinated to enable him to go to school when between 10 and 11 years of age. He became dreadfully ill, was in bed for about seven weeks;- had a running sore for 3 to 4 weeks was expected to die for about 6 or 7 months. His sufferings were terrible - he cried for many days in his mother's lap, Plate ~~XXVII~~ XXV (Fig. 2 represents the scar upon his left arm as it appeared on the 24th. March, 1905. The dimensions as given in the figure are exact, the coloring is also correct, but as in Fig. 1 the pittings within the margin of the scar is not represented.

Now both of these figures testify to an enormous destruction of tissue and to a serious infection of the system, and of necessity there must have been a great loss of vitality in both cases, drawing upon that reserve which nature provides to preserve the organism in case of need.

Mr. Thorsen was a seaman of such ~~much~~ capacity, that the Captain of the 'Comal' who had been one step his superior on board the 'Alama' in 1899, took great pains to secure him as officer under him on the 'Comal'. But he was now two steps instead of one below thecaptain, and only second officer on board the 'Comal", the same rank he had held on board the 'Alamo'; evidently then without any fault of his own he had lost one step in the ladder of life. A misfortune which is more likely to be exaggerated in the future than overcome.

~~A like loss~~ This loss of vitality ~~will hamper John Clark and does~~ hampers more or less every vaccinated person, but as nearly everybody nowadays has been vaccinated, the loss does not become apparent to prejudiced or unthinking minds, though it shows itself in long periods of time in the degeneration of the race.

A case in my own practice was that of F L.... 17 years old. He came to see me on July 8th 1895. Was vaccinated in infancy and again at 7 years of age by the family physician who claimed to have procured the lymph at pres[illegible]

the New York Board of Health. Patient has never been well since. Is very diminutive; his face is that of an old man, but his body and limbs are those of a sickly boy of about twelve. Before and up to the time of his second vaccination he was in perfect health and fully developed for his age. Family history good.

The vaccinal sores became confluent and formed a deep sloughing ulcer; and the operation was followed by Chorea and Rheumatism. The ulcer at the points of vaccination penetrated so deeply that it was proposed to scrape the bone, but the parents refused consent. The physician insisted that he had performed the vaccinal operation with all known aseptic precautions; he had become especially careful "because of hearing of some bad cases of sore arms in vaccinations performed by the Health Board." The sore finally healed; The scar was of the size of a dollar (very nearly 30/20 of an inch) showing the very large destruction of tissue which had taken place. Shortly after the sore had healed the socket of the right shoulder, without any discoverable cause suddenly snapped and refused to knit. He has little use of his right arm. On examination, I determined a tendinous union at the shoulder. In 1888 or 1889, he broke the fifth metacarpal bone of the right hand, and the same year, while at play, (NOT, said his mother, any rough play, he always was too feeble since his second vaccination to indulge in boy's games.) He broke two fingers of his left hand. These apparently made good union. In 1890 he broke the ligaments of his left hip and acetabulum: and a few months later, he fell when running and broke the nasal bones and the cartilages of nose and the phalange of the right small toe. Improved under treatment. I regarded a complete cure as impossible. Have not seen him since January 1898. In all these fractures knitting was much delayed and

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in some cases no bony union took place. A photograph was promised [illegible] this case but the promise was not fulfilled. ~~[illegible]~~

C. Allen 22 years old, being engaged to nurse a small-pox patient at the Battle Creek Sanitarium [illegible] one of the physicians [illegible] vaccinated by way of 'Protection'. This was done on the 2 December 1904. He became very sick and [illegible] than [illegible] weeks he could not use his arm [illegible]. He suffered [illegible] from headache. The seventh or eighth ~~day~~ night following the vaccination [illegible] [illegible]; became faint though he did not lose sensibility – became colorless and ice-bags were applied over the cardiac region, also hot and cold fomentations and radiant heat; at one time the physician and nurses believed he was dying.

In March 1905 a place broke out on his right arm – the upper third, which became sore, swollen and at the end of a week discharged a dark-green, evil-smelling watery discharge mixed with pus. Has never felt well since he was vaccinated up to which time his health had been perfect and he was an athlete. He comes of a long-lived healthy family.

Fig 3 Plate ~~XXVIII~~ 1 & 1 & is a life-size representation of the upper third of Wallen's left arm showing the vaccine scar as it appeared on the 21st Sept. photographed & colored by W. Wagner of Main St Battle Creek

Fig 4 is a photograph also life-size of the scar on the right arm taken at the same time

[redacted] Milton Rose, 29 years of age, first seen by me February 19, 1905 at Magnolia Springs, Baldwin County, Alabama. Is a resident of Chicago, #3801 Ellis Ave.; was crippled in infancy through accident and his left leg became paralyzed for a time, but gradually improved. With that exception was a healthy, sturdy boy and belongs to a healthy, long-lived family. His mother still hearty and well; his father was killed in a car accident in September 1890. At seven years of age he was vaccinated by a physician of the Board of Health at the Springer Street School. The vaccination was insisted on as a condition for attending school. The boy's arm swelled to an enormous size, became black and [redacted] eruptions broke out over the whole of his left side, arm, body, thigh and leg down to his ankle. His arm became and is atrophied (as shown in the photograph plate, Fig. II) and is almost useless and always sore and painful. Suffered very severely for many months, and for more than six months some of his older schoolmates used to call and carry him to school. Is a great lover of music and tried to earn his livelihood on the violin, but has been compelled to abandon the profession because he is unable to hold the violin. Is palsied on the left side.

Fig. 4 of the same plate shows the exact size of the scar, showing an immense waste of tissue. Within the scar are three appearances threatening Keloid, they overlap and are without doubt situated over the places of incision. Within the border of the scar are numerous pits. Around the scar is a light areolar, the extent of which Mr. Rose says varies at different times from 1/10 of an inch to about one inch. He cannot say what circumstances influence the variations thereof. His appetite is poor, he is restless at night, sleeps in snatches and starts up from time to time. Has had itching and bleeding piles since he was about sixteen, has headaches from time to time preceded by blind spells, suffers greatly from chillblains in cold weather, feet and hands are apt to become clammy. I tried to employ him in copying, but he had four spells of blindness in about two hours while attempting it.

C. F., aged thirteen years. Came to my office July 11th, 1896. Vaccinated in infancy and again at the office of the Board of Health of the City of New York, in the month of March 1896, the school teacher having told him that he could not return to school until it was done. Apparently healthy until his second vaccination. I found a deep sloughing ulcer at the place of vaccination. The probe, inserted "under strict aseptic precautions" penetrated to the bone. The boy was irritable, had great itching especially upon the scrotum and penis, and confessed to masturbating, but declared he had never done so until the irritation of his privates led him to it. A papular rash on chest, abdomen, lower part of face and all over back; skin between patches copper-colored in places. Discharged cured March 1897.

W. S., February 3rd, 1902. This patient has not been seen, his symptons were obtained by correspondence with him and his mother. Is thirty-five years of age. Was a perfectly healthy infant till vaccinated, the healthiest of the family. Was vaccinated between four and five months old. At this time his skin was perfectly clean and healthy looking, but from the date of his vaccination, both as child and man has always been failing. At three years of age he had what the Doctor called 'chicken-pox' because, as he told the boy's mother, it could not be small-pox as the child had been vaccinated and the vaccination had taken so well! Whatever it was it has left scars upon his face exactly, says his mother, like those of small-pox. He has continued weakly and has twice been given up to die, once with Bronchit-

tis, and once with whooping-cough. Red and very sore spots break out from time to time upon his body with severe itching, they break and discharge a yellowish-white pus. At twelve years of age he had a bad breaking out behind the ears, it looked like a yellowish glistening crust. Had to leave school for a time. Had terrible earaches with constant itching in and around the ears. Much wax formed in ears, dark-brown in color and offensive in odor. His eyes were frequently inflamed and itchy. At about fourteen years of age the spots on back and between the shoulders and neck began to develop to a much greater extent; they were sore and red at first; some would remain small, others would grow, become confluent with others, and the confluent sore would attain the size of half a dollar, 24/20 of an inch remaining hard and very sore for a day or two when it would soften and itch badly, and on being squeezed a lot of yellowish pus mixed with blood together with a sort of whitish matter harder than the rest would exude. Then they would slowly heal, leaving a pock-mark so that there is a great quantity of such marks all over the region. He went on from bad to worse till he was about twenty-eight when his health became so bad that he threw up his work in the City and went to work on a farm. He seems to have been living under better hygienic conditions there, and to have somewhat improved in health, but the irritation from the eruption continues and at times almost drives him mad. Hearing of my fight against vaccination he has applied to me to treat him. June 30th. Reports improvement. His mother states that she and her family and his father and father's family were all healthy folk. That none of them ever had any skin disease that she heard of, and the two families were neighbors and all brought up in the same country village she would have been sure to have heard of it had there been any such disease among them. December 15, 1903 improvement continues, March 23, 1903 reported himself well, but not strong!! No skin disease since!!

A.W. aged fifty-five, came to my office march 10th, 1901. Was vaccinated in Germany at two years of age, again on entering school, a third time on entering the German army, and a fourth on board the Steam Vessel which brought him to New York in 1867, when he was twenty-one years of age. He was healthy up to the time of his first vaccination. From that time continuously for a period of three years he had an eruption all over his head. At about ten, he had measles. Has ever since had blisters coming and going at the forks of the fingers. Three years after his fourth vaccination he had the small-pox in New York. Has a pimply rash over his body, it itches badly most of the time, it gives out a watery discharge and then becomes hard. Has committed no imprudence, has a clean family history, suffers from rheumatism or rheumatoid pains on the right side, his right foot and ankle swell up, has cramps in right foot and calf. His eruption is termed by the dermatologists "Erythema multiforma". I treated the case and have apparently cured it in eleven months. In the Johns Hopkins Hospital Bulletin(No.88) for July, 1898, is a report of a case of Herpes Iris, now generally classed under erythema multiforma. (See Ref: Handbook of the Medical Sci: N.Wood & Co. Tit: Herpes.)

"A girl of eight years attended the Johns Hopkins Hosp: Disp. for vesicular bullous lesion of the skin. She was bright and intelligent,-her family were all healthy, she in good health except for habitual constipation, until vaccinated about two weeks before.

Directly after vaccination she suffered from flushes of heat and chilly sensations. In a few days a "blister" appeared on the extensor surface of the right forearm, which was about the size of a split pea when first noticed. This was soon followed by others of like character in the same region, and also upon the left forearm and wrist, together with isolated lesions over trunk and lower extremities. At the time she was presented at the dispensary the eruption consisted of vesicles and bullae varying in size from one to five millimeters in diameter, mostly discrete, though some showed signs of confluence, and arising from an apparently normal skin. They were tensely filled with a clear colorless fluid, and the lesion which had existed for a day or two possessed a slight erythematous halo and their contents had become opaque.

These lesions occurred principally upon the extensor surfaces. (Figs. I & 2) the right being the more affected, though scattered vesicles were found upon other regions as follows:

On a small discrete vesicle was seen upon the tip of the right ear, a group of similar ones just beneath

the chin, and a few discrete lesions upon the buttocks.

On the dorsum of the right foot were also numbers of vesicles less developed than those of the region mentioned. The mucous membranes were free of any eruption except a small herpetiform group upon the inner surface of the vulva. One bulla upon the forearm was sunken at the center, its roof having become adherent to the base and the peripheral portion still tense and filled with opaque fluid, presented the appearance of having been formed by the confluence of smaller lesions, which had surrounded a central bulla.

The patient returned three days later, feeling much worse and showing a much more extensive eruption. New vesicular lesions similar to the old had appeared on all regions previously mentioned, and the older ones had increased in size. The forearms, wrists and backs of hands and feet were markedly affected. Upon the back of the right hand was seen a bulla about one-half cm. in diam: surrounded by small (2mm.) vesicles forming a complete circle, the whole patch being situated on an erythematous base (Fig.1). Some of the older lesions upon the arm presented ring-like formations, (Fig.2) and the case was now definitely diagnosed as Erythema exudativum multiforma of the bullous variety. (Herpes iris.)

Atlas plate XXIIII

During the next few days no improvement occurred other than the drying up of some of the lesions which had first appeared and were now desquamating, leaving reddened plaques. New vesicles and bullae continued to make their appearance, the duration of each individual lesion being about a week or ten days.....At the end of the first week patient became confined to her bed because of the vesicular lesions which had formed continuous patches on both feet, making walking painful.

At the end of two and beginning of the third week, the disease was at its height, -the patient suffering greatly and complaining of the itching, -pains in great toe-joints, the left being the more affected, and worse at night, lesions now (three weeks after their first appearance) presented all stages of development and resorption, and distribution over the whole body. The regions most affected, besides the forearms and backs of the hands and legs and dorsal surfaces of feet were back of the thighs and buttocks and the perineum.

Upon the back a large patch 20 cm. in diameter. The lesions on the buttocks, perineum and inner surfaces of thigh were continuous. The neck was completely encircled by a band of lesions, which extended partly into the hair behind, and included both ears.

Smaller dark venous red-colored patches, the ragged edges of which reminded one of a desquamating syphilitic lesion, and in whose center new vesicles could be seen appearing beneath the thin newly formed epidermis, were situated upon the knees and calves and about the ankle, on the region covered by the shoe. The inner surface of the lips, including the red border presented numerous aborted vesicles and vesicular detritus. About six weeks after the outbreak an enlargement of the lymph glands of the right femoral region was noticed. After twelve weeks the child was able to be up and about. The hands were still troublesome and isolated lesions occasionally appeared on the trunk and extremities....., March 30th, 1898, a severe relapse occurred, Photo, plate XXIIII fig.3 was then taken, the lesions were almost confined to forearms and hands.

> During the second week of the relapse the child was admitted to the Hospital..... The patient was discharged cured(?) four and a half months after the first lesion was observed.

Is not the history of this case sufficient to convince every physician who reads it of the wholly unjustifiable character of a procedure which thus torments a healthy child, who though discharged CURED by the hospital will carry through life a weakened vitality, "a permanent morbid condition of the blood"?

I solemnly appeal to the conscience and good sense of every true physician to say whether this disease, imparted to this unfortunate child, the lesions whereof "reminded the physician who attended the victim of a desquamating syphilitic lesion, and in whose center new vesicles could be seen appearing beneath the thin newly formed epidermis" and in "whose tortured little body took place" an enlargement of the lymph glands of the right femural region," could under any circumstances be regarded as aught but a shameless violation of the sacred duty of the physician, the imparting to the trusting patient of an indeed "DREAD disease" instead of fulfilling our solemn duty to HEAL THE SICK .

Three years after his fourth vaccination he had the small-pox in New York'. Has a pimply rash over his body, it itches badly most of the time, it gives out a watery discharge and then becomes hard. Has committed no imprudence, has a clean family history, suffers from Rheumatism or Rheumatic pains on the right side, his right foot and ankle swell up, has cramps in right foot and calf. His eruption is termed by the Dermatologists "Erythema multiforma". I treated the case ~~Homoeopathically and have apparently cured it in eleven~~ months.

Mme. M. A. Ferrand, a french married lady, resided in December 1900 at No. 1011 East 169th. Street, New York, came to me for treatment under the circumstances here mentioned and has given permission for the publication of her case for the furtherence of the public welfare. In December, 1900, Mme. Ferrand was employed in the establishment of H.C.F. Koch & Co. at Harlem, N. Y. A physician from the Department of Health requested him to have his employees vaccinated, and they were given to understand that they must submit to it. ~~In consequence of a burglary of which she and her husband had been recently the victims, she became~~ the main breadwinner of the family. ~~at the time~~/ She was vaccinated upon the left leg on the external face as shown in the portrait, (Atlas, Plate ~~XXVII~~ XXII. Fig. 1) She was soon obliged to give up her work. She was several weeks in bed and when she got up was still unable to do much work. Her leg swelled to an immense size, her sufferings were exceedingly acute over the whole limb from ankle to hip, and at the Knee-joint, the whole limb was stiff and almost immovable. The portrait was made on the fifteenth of February,,1901, or two months after the vaccination. The swelling had considerably subsided by that time. On the twenty-seventh of August, 1902 the limb was measured and compared with the other; the circumference of both legs just below the knee was thirteen inches, that of the left leg, just above the scar was fifteen inches, that of the right at the same region was thirteen and a half inches; at three inches below the scar the left leg measured fourteen and a half inches and the right at the same locality measured ten inches.

She can walk with difficulty and can not swim, in which she had been proficient and a teacher. The skin of the leg was of a yellowish tint tight as a drum, scaly in appearance and presented on its surface the syphilite appearing patches, shown in the portrait. Her hair is falling out. (Alopecia) The Board of Health removed to give her the name of the Physician who vaccinated her and one hundred others

E. D. was seen by me once only. She lives in England and I Cases in less than one hour!
have been treating her by correspondence. Her case was pitiable. She has improved under treatment, but I do not think that she can be cured. Was a thoroughly healthy infant till vaccinated, since which she has never had a day's health. Her parents and the rest of the family are healthy though one sister was greatly injured by vaccination. At five years of age E. D. had measles, at eight, had abscesses in different parts of her body, these continued for about two years: had sore eyes, ulcers on both cornea and became nearly blind. Some improvement for a few years; between thirteen and fourteen had two severe abscesses on the sterno-cleido muscle. These continued two or three months. At this time her education was much interfered with, but at fourteen she was so far improved that her parents sent her to school at Milford Mount. She began to menstruate at about that time, always suffers great pain for a few days during ~~her menstrilios~~ menstruation. At school (it was called 'College') she was always ailing and feeble, had constant headaches and had to leave school. Her glands were twice operated on. Her appetite was bad; she could scarcely eat at all and became more and more anaemic; menstruation became more and more painful. In December 1895, she took cold in the right side and the gland in the right groin was removed.

She improved greatly under ~~Homoeopathic~~ treatment, she consulted me as to the probability of her condition affecting her children in case of marriage, especially her betrothed being also sickly. I cautioned her against marriage, as the children of two unhealthy parents could not fail to inherit feeble constitutions. I have since received wedding cards, and a letter in which she stated that she had recovered so The plunge. ~~I now leave~~ cases in my own practice to ~~take up~~ others. The

J.A.A.....aet.9 years. Was a perfectly health, child till he was vaccinated in September, 1900, in order that he might go to school. His mother reports that he had all his milk-teeth by his thirteenth month, of a beautiful character and that he both cut and shed them without the slightest trouble, all were perfectly sound. He had a slight attack of whooping cough when about three years old, and one or two slight attacks of bronchitis, but nothing which ever gave the least trouble or anxiety until he was vaccinated. His brother, five years of age is perfectly robust, has never been vaccinated, and, says his mother, never shall be if he never goes to school.

The Vaccination "took" and he had a very sore arm; the scab did not fall off for fifty-two days; he at once began to run down; was sent to the country for two months and seemed to get a little better, but only for a short time. A few weeks after the vaccination there began a weakness in his legs which increased gradually for a year. During that year he had an attack of bronchitis of great severity and caused much alarm; then he had mumps, also severely, and then the grippe in fact says his mother from the time of his vaccination he has never been well a day. On the sixteenth of September, 1901, just one year from his vaccination he was seized with spasms which soon developed into lock-jaw. There was no wound, not even a scratch upon his body through which any fancied "germs" could have entered at any time except the vaccination wounds. The tetanus attacked him on Friday, Sept. 16th., paralyzing his arms and the upper part of his body, but on the Monday following it was observed that it had left the arms and attacked both legs, paralyzing them. For a long time he could not plant his feet upon the ground, reaching it with his toes only, a specialist in nervous disorders advised a tenotomy. He has suffered terribly. He emaciated rapidly, became wholly unable to walk or help himself, had to be carried, could not even use crutches. There was no improvement until he began to be treated with electric-light baths and massage; he was also restricted to a vegetacian diet. After four months of this treatment

he was able to use crutches for locomotion, but he has scarcely any use of his right hip-joint or right ankle. In progression he swings his right leg around. There is soreness on pressure over the 4th:5th:&6th:dorsal vertebrae. I saw the child on the 2nd May, 1905 when he was brought to my office and began treatment, but he was taken into the country for the summer and although the father reported improvement about three weeks later, I have not since seen either parent or patient.

The case is of value, not only as a direct illustration of the pathology of vaccination in certain cases, but also as affording another of the many refutations afforded by clinical experience of the groundlessness of the excuse often put forward by the defenders of vaccination in the United States, that this or that case of Tetanus could not have been caused by vaccination, because it never occurs more than twelve days after the injury to which it is sought to be ascribed. One would think that the numerous cases of rabies occurring months and even years after the bite of the animal would have shamed even vaccinists from making such assertions. In the "Medical World" for January 1904, Dr: W.S. Robertson of Mount Cross, Va: reports a case of Tetanus occurring fifteen days after the wound; in the report of Drs: Coupland and Acland to the Royal (Br:) Commission 1889, (App: IX to the Final Report, Case X, p.6;) is the case of G.E.B (mentioned again herein, post, p.324,) which was a case of Tetanus occurring twenty-three days after the infliction of the vaccination wound, and even Dr: Coupland admits the vaccination as the cause, only attempting to palliate the fact by saying "Tetanus may follow very slight injuries:"

In July 1905, at her house, no 86 Rush St Chicago, Ill: Mrs Jackson communicated to me the case of her son Carroll Groff of 170 Monroe St Chicago. He had had smallpox in his youth in San Francisco, and was vaccinated on coming to Chicago when 23 years old. Three years later on the occasion of a smallpox scare in Chicago raised by the Board of Health, he had been revaccinated by Dr Arthur Ely; that his arm swelled to an enormous size, was exquisitely painful, as well as the glands in his left armpit. That three quarters could be dropped in the sore and hidden in the hole. That it was thought the arm would have to be amputated. That now (July 1905) the pain and swelling continue after seven years of suffering, and the arm is of little use to him.

The following case illustrates the

37(b) 37/2 proof 2)

On or about June 5th 1878 the infant daughter of Mr & Mrs William and Emma Stevenson was vaccinated by Dr E. K. Dawson the public vaccinator of St Margaret's Leicester (in person) at the Lee St Schoolroom. Vaccination in 4 places on left arm as usual place. The instrument used is stated by the parents to have been a kind of pricking machine, with which the doctor pricked the arm in four places and inserted the matter in each puncture.

On the 8th day ~~the~~ after the child was taken to be examined and matter was taken from two of the pustules which had developed with which Dr Dawson vaccinated other children. After this the four punctures [illegible] and began to merge into one another until a large ~~sore~~ [illegible] measuring 2 inches × 1¼ in and ½ in in depth was formed. The child suffered terrible agony and sleepless nights. The mother did not go to bed for three nights. The child was shown to the magistrates in the Borough Police Court and at an open air meeting ~~[illegible]~~ in the Market square Leicester on Sunday Aug 2nd, 1878. Notas Plate [illegible]

[illegible]

A distressingly interesting case formed the subject of a coroner's inquest at Southampton (England) in October 1896.

Ellen Elizabeth Barton was vaccinated on 25th. August, 1896 at the Public Vaccination Station. It was quite well and had been healthy from birth. On the 6th. September, the mother noticed a swelling under the left arm. She called in Dr. Lander who lanced it. The child was taken to the doctor's every day except the Saturday preceding death. Monday afternoon she took the child to Dr. Lander who told her to continue poulticing the abscess. The child died on Monday shortly before midnight. She told Dr. Lander ~~should~~ she thought the abscess was the result of vaccination. The wound became inflamed the same day it was vaccinated. No dirt of any kind got into the wound. The drains of the house were all right. The child was vaccinated from the arm of a child named Hurst who was healthy looking. The public vaccinator, Dr. Bancroft said it had been vaccinated a week previous and was going on all right. He took lymph from the Barton child and vaccinated five or six children with it. One of the children so vaccinated ~~has been stated by his reports~~ is said to be suffering from a rubbed and inflamed arm. Dr. Bencroft stated that personally he had received no complaint from the parents of other children vaccinated with the same lymph. The Local Govt. Board did not approve of calf lymph and the Inspector told him that if he used calf lymph he would not be paid for those cases. If the lymph had been poisonous it would have shown itself on the seventh day and in this case he had no hesitation in taking lymph from the ~~diseased~~ deceased child on the 7th. day.

Is it necessary to point out the absolute ignorance, or at least ignoring, of pathology by this public vaccinator? He gave as one reason for his opinion that if the deceased child's arm had been

poisoned when he took the lymph from it on the 7th. day, he should have expected the children on whom he had used the lymph to have been affected. So then according to this doctor of medicine, having put a product of disease, i.e. a poison into a healthy child, the poison must show itself not only in the abscess by which nature seeks to get rid of it, but also in some other observable form to ~~prevent~~ hinder him from taking the new product of the induced disease, with which to inoculate other children, and having so used this new poison must affect his fresh victims in a similar manner!

Dr. Lander evidently had a better understanding of pathology. He refused to give a certificate of death, hence the inquest. The post mortem by Dr. O'Meara showed a doughy condition of the cellular tissues of the axilla to a large extent - ~~exclusive~~ extensive induration and matting in the axilla and in the left pleura, septic pleurisy; it contained 8-10 ounces of sero-pus, left lung was consolidated and collapsed, the cause of death was septic poison from vaccination. Dr. Lander said he had seen one of the children which had been vaccinated from "lymph" taken from the arm of the deceased and it showed similar conditions. The wound was very severe.

The coroner told the jury that the fact that only one child of those vaccinated with lymph from the deceased child had shown any bad symptoms seemed to point to the fact that it could not have been very bad. More medical ignorance of pathology! The victim was killed ~~by~~.

One of the Surgeons of the Ophthalmic Hospital in London thus described a case which came under his notice:

R. L. was fifteen months old when seen in 1888, mother had another child 3 years and nine months old perfectly healthy. R. L. was healthy till vaccinated at 6 months old in 4 places. Fourteen days after vaccination the eyes inflamed - arm took 3 to 4 months to heal as it kept breaking out a fresh. No rash, no matter from eyes.

At the time of the report in Nov. 1895 there were four reddish scars on the left arm. Staphyloma of the left eye - cornea of right eye opaque. Nothing left of sight but a dim perception of light. No discharge from eyes shows that this could not have been a case of accidental inocculation or uncleanliness, but that the sight was sacrificed to internal disease. (Vac.Inq. Vol. XVII. p. 113 Nov. 1st. 1895.)

On the 21st. May 1906 the following was communicated to me by the mother of the victim.

My son John Brown was born in this house (Port Richmond, Staten Island) on the 11th. February 1871. He was healthy till vaccinated when eleven months old. In a few weeks - less than four - eczema broke out upon him and within three months it was all over face and head like a mask.

He began to fail within one month after he was vaccinated and continued failing and in constant suffering till he died at the age of one year and eight months. She said to me,

"I cannot understand how taking the vile matter from a sore be it of man or beast to put into the pure body of a cleanly healthy child can be either a scientific or a sensible proceeding - it is against common sense." Who will dare say that this mother is not wiser than all the vaccinating doctors?

She told me her recollection of her poor child's case was as

vivid
~~clear~~ today as it was in 1871. She never forgot it, and though time had softened her sorrow, the poor suffering babe was frequently before her eyes. She and her family are old residents and much respected in Port Richmond. Her oldest son became a village trustee before the consolidation with New York City and Thomas, her youngest was elected judge of the Municipal Court in 1905.

Chapter XII 42

~~Chapter 8~~ XII

Mrs. F. B. Kellam of 8 Osborne Road, Altrincham, Cheshire gives the following account of the case of her infant son, Willie Kellam.

He was in good health when vaccinated on the 30th. October, 1906 by Dr. T. W. H. Garstang, Public Vaccinator for the district. It was done on the right arm. The "lymph" was blown from a glass tube and the doctor placed a pad over the place of insertion.

On the 6th. Nov. 1906 - the 7th. day after the vaccination Dr. Garstang called and inspected the arm and expressed satisfaction at its progress.

There were at that time four distinct pustules, having a ring of yellowish color on the top of each. After inspection Dr. Garstang replaced the pad which had not been removed or interfered with in any manner since Dr. Garstang first placed it on the arm on the 30th of Oct. until removed by him on the 6th Nov. ~~Dr. Garstang~~ instructed me to remove the pad in about a week's time ~~from his inspection~~ when the scabs would be brown and fall off of their own accord. About three days after the inspection I noticed an eruption extending beyond and above and below the edges of the pad and on the 10th. November, my husband wrote to Dr. Garstang who called on the following day, - Sunday the 11th. November. Upon the pad being removed by Dr. Garstang, it was found that the four pustules had all run together and that the eruption and inflammation had then extended down to the elbow right round the arm and over the shoulder and was particularly noticeable round the original site of vaccination. Dr. Garstang remarked that "the case was an interesting one."

the purpose of inspection. Dr. Garstang replaced the pad and

On the 15th. November, Dr. Fletcher of the Local Government Board and Dr. Garstang called and inspected the child. On the 18th. November - 20th. day of vaccination, the inflammation was still present but most of the smaller vesicles had disappeared, those furthest from the site of the vaccination disappearing first. Upon this date the original sore was nearly the size of a two shilling piece (1,3/16 in. in diametor)

and had upon it a dark brown crust or scab with a hole in the centre, from which issued a dark yellowish - red bad smelling matter. This condition existed on the 30th. November when I took the child to a photographer by whom the arm was photographed. Atlas plate Fig

Dr. Garstang continued to attend my child ~~and~~ On the 21st. of November he removed the crust with his scissors. On the 1st. December - 23rd. day of vaccination, the wound was still open and discharging and presented an appearance like raw beef and made little progress towards healing. The 6th. December Dr. Garstang called again - no improvement.

~~On the 30th November~~

On the 6th and 10th Decr improvement was noticed and by the 9th January 1907 it had healed.

The above facts are abstracted from a statutory declaration made by Fanny Beattie Kellam, the mother, and has been
2 confirmed by information received from friends of the author who personally inquired into the case and reported to me

The parents consider the child to be now well; but it is greatly to be desired that he be
3 kept under observation for many years.

Up to the date of vaccination the child was perfectly healthy and the health of the parents and other members of the family
1 including two children of the ages of 3 and 13 years was also good.

The following case was [illegible] to me by [illegible]

~~Part II. 267 Red.~~

March 1906. E. R. married woman, 27 years of age living at Daphne, Alabama. Up to seven years of age was perfectly healthy as are her parents, both of whom are living, as are also all her grand-parents. Has one sister in excellent health - who has never been vaccinated. E. R. was vaccinated at seven years of age. Arm became sore and inflamed and did not heal for several months. Became subject to glandular swellings. Began to menstruate at 13 to 14. Was a long time before it was regularly established. Had a sore throat at about 14 and a swelling said to be tuberculous at and ~~xxfxxx~~ below the submaxillary gland; this was lanced three times. It continued to gather and part of the gland was excised. Menstruation always painful until I treated her - very constipated. Had trouble in pelvic region, the doctors said it ~~was it~~ was tuberculous and both ovaries were removed. No consumption in family before.

~~Permanent effects.~~ The following ~~case~~ was communicated to me by Dr. R. de la Hautiere.

~~Mr.~~ Mrs. Mc.C. Was vaccinated when nine years of age - healthy until then, but from the date of the operation took sick and continued so for many years. For a long time was unable to walk and when convalescence began had to learn to walk just as an infant. Became covered with sores - lost ~~his~~ her hair from all parts of head and body. Never fully recovered. Married at the age of and the year following gave birth to twins, one dead the other only lived five months. Three years later another child was born. Two weeks after birth an eruption appeared over the entire body. Brought to Dr. Rosalie de la Hautiere May 19, 1904, face old, wrinkled and drawn, crying continually, vomited his food, abdomen, knees and ankles were covered with angry looking pustules of varying sizes; did not weigh 6 lbs; limbs drawn up face always marked distress. Father always healthy. Treatment anti-syphilitic, July 19th. gain of 4 lbs. eruption disappeared except a slight rash on face some sweating about the head July 19th. Improvement contin-

ued. weighs 12 lbs. April 11th. 1905 a slight renewal of the symptoms with the addition of enlarged cervical glands, patient weighed 27 lbs. and is a pretty healthy boy. no trace of disease in either parent except the varicosis of the mother [illegible] [illegible]

The case of the son of Mr. Joseph Dobson, formerly of England, [illegible] of [illegible], illustrates the futility of vaccination [illegible] of the [illegible] of the slow [illegible] out of their own [illegible] quantities [illegible].

In the year [illegible] Mr. Dobson was living in the town of Newcastle-upon-Tyne in England, where he was a <u>town missionary</u>. He was married and had a son who up to the age of three months was a sturdy, handsome boy, the very picture of health and of what a child of that age, born of thoroughly healthy parents ought to be. Dr. Boyd of Newcastle was the family physician, and deferred vaccinating the child from time to time until he could procure what he considered "pure vaccine". At last he procured it, and at ten o'clock one morning came to Mr. Dobson's house and vaccinated the child with it.

Six hours later the child showed signs of sickness. He was feverish and showed evidence of great nervous excitement, such as ~~the~~ muscular twitching and hyperaesthesia, threatening convulsions, which continued all night with increasing severity. In the morning the child was seen to be covered, from head to foot, with an eruption which resembled purpura and evidently caused the child intense suffering.

Dr. Boyd was sent for, and on seeing the child he exclaimed "bad matter", and told the parents the child would certainly die. It died that day.

This did not shake Mr. Dobson's faith in vaccination, but he looked upon the case of his child as one of the unavoidable accidents resulting from the accidental use of "impure virus".

But Mr. Dobson's employment as town missionary brought him into daily contact with large numbers of families, and in a few days after the death of his child he was called upon to visit a family where he found the mother with a sick child on her knees, which had an eruption on its face identical in appearance with that which had appeared on his own child. Inquiring as to the cause of the child's sickness, the

mother with grief and fierce indignation declared it to be the result of vaccination by the public vaccinator. Mr. Dobson examined the vaccine marks which were typical in character, four in number, having the Jennerian "desirable erysipelatous inflammation" around them, without which Jenner said vaccination was "spurious" and non-protective. The child died a few days later. Mr. Dobson had had many opportunities of observing symptoms of secondary syphilis among the troops, when serving in the army, and he recognized the purpura upon his child and upon the one seen a few days later as identical in appearance therewith.

He was amazed to find a large number of instances among the families he visited; where the parents declared their children were healthy till vaccinated, but became sick from the date of their being subjected to that operation, and in many cases continued so permanently.

Disasters multiplied under his notice with great rapidity when he visited the vaccine stations, and saw the operations there, and followed up the cases in their homes; which it should be remembered the public vaccinator in England and the Health Officials in the United States never do. Vaccination was carried on with great activity under the compulsory enforcement of the rite, and the conviction was forced upon the mind of Mr. Dobson that the disasters were in direct proportion to the vaccinations performed, but he continued to have faith in it as a prophylactic against small-pox. About this time (1865) Mr. Dobson removed to the City of Durham and became acquainted with the late Dr. John Pratt, who became Mr. Dobson's family physician and one evening Mr. Dobson cautiously and fearfully introduced the subject of vaccination in the presence of Mr. S. S. Gibbs of Darlington, who was at the time visiting Dr. Pratt. A lively interchange of thoughts and a comparison of experiences took place, and Mr. Dobson was led to regard as an outrage the enforcement of vaccination upon persons who were unwilling to receive it, even though efficient as a protective against small-pox, of which Mr. Dobson still entertained no doubt, though he never shared the dread of small-pox then becoming rife in England; through the variolations of the English Board of Health, similar to those since adopted in the

United States with a like result.

Mr. Gibbs suggested a public meeting for the discussion of the subject and the organization of a society to oppose compulsion.

At this meeting a Dr. Shaw, who was Surgeon to the Durham gaol and of high standing in the City, attended and spoke in support of compulsory vaccination.

Although opposed in views as to compulsion Mr. Dobson and Dr. Shaw became intimate and this gentleman and Dr. Pratt both urged Mr. Dobson to study medicine. Mr. Dobson became Dr. Shaw's pupil, and on the death of that gentleman he completed his pupilage under Dr. Hitchman of Liverpool.

Discussions and comparisons of experience took place between Dr. Shaw and his pupil. Dr. Shaw continued a fervent vaccinator till his death, and though he asserted the supposed facts in favor of vaccination with all the dogmatism which from the first has distinguished the promulgators of that creed, he was broad minded enough to admit that from his personal experience Mr. Dobson had good grounds for his opposition to compulsion. During the pandemic of small-pox in 1870 of the United Kingdom, - vaccinated up to the hilt, - suffered severely, more than in any previous epidemic of the Century, and Dr. Dobson observed that the vaccinated and re-vaccinated took small-pox and died of it, at least as much as did the un-vaccinated.

Dr. Dobson was then practicing medicine in Barrow-in-Furness and treated small-pox cases unreservedly, continuing in contact with his own family, consisting of his wife and two un-vaccinated children, who also had constant intercourse with neighboring children, in most of whose families small-pox was present, as it was in nearly every house around them.

None of Dr. Dobson's family took small-pox.# (14)

See post Chapter VIII "Infection" (14)

hip was able to use crutches for locomotion, but he has scarcely any use of his right hip-joint or right ankle. In progression he swings his right leg around. There is a soreness on pressure, over the fourth, fifth and sixth dorsal vertebrae. On the 22nd. of May, 1898, he passed under my care and I commenced to treat him homoeopathically.

Plate XXXI figs. 2,3 & 4 are portraits of the back, left arm (the vaccinated one) and lower limbs of S.L., a youth of seventeen at the time the photographic portraits were taken.

On the inspection of those photographs no skilled syphilographer would hesitate to declare that the case was a typical one of Syphilide. He would, however, be in error. They are vaccinal eruptions or Vaccinides. The history of the case is conclusive to this effect. He came to me accompanied by his Mother in December, 1900. His mother described the health, life of the boy until he was vaccinated by a New York Board of Health Vaccinator when he was about nine years of age, under the shameful rule of the New York Board of Education promulgated at the instance of the New York Board of Health. From that date he became sickly; glandular swellings occurred in all parts of his body, but especially in the left axilla, (he was vaccinated in the usual place on the left arm,) and in the groin. The mother insisted with earnestness that her own and her husbands family had all been healthy except a sister of her own, who fell into consumption after continued ill-health from the date of her vaccination and which she now believed had been caused by vaccination.

I took the boy into another room away from his mother and cross-examined him closely. I conjured him to tell me the truth as the first step to his cure, for the treatment would be different according to the cause of his sickness, and his cure would most probably depend upon it. With tears he asked me if I could give him any hope of a cure, and when I assured him that if I knew truly the cause of his sickness I was quite certain that I could cure him, he declared in the most earnest manner that in his whole life he had never had any sexual indul-

gence of any kind; that he did not even know anything about it or what it was, until this eruption appeared and he was interrogated by the doctors to whom he had been taken.

The pro-vaccinators now confess that syphilis may be inoculated, if the poison be taken from a syphilitic subject, even though no symptom may have yet shown itself upon the vaccinifer; and they now permit vaccination to be performed with "~~glycinerated~~ glycerinated-calf-lymph" and pretend that with such "lymph", syphilitic inoculation is impossible. If not already, I think that very soon, the students of this work will be convinced that there is no foundation for this new and bald assertion; but on the contrary, Vaccinides, in every respect resembling Syphilides are as likely to result, ~~and~~ (perhaps even more so), from the inoculation of "~~glycinerated~~ glycerinated-calf-lymph" as from arm-to-arm poisoning. And it is to be borne in mind that for very nearly ninety years, the vaccinators, official and un-official in all the vaccinating countries insisted that there was no danger of the inoculation of syphilis in arm-to-arm vaccinations, provided no blood was drawn with the virus (22) and there were no patent or active symptoms of syphilis in the vaccinifer. And in their vociferous declarations to this effect they were not one whit more vociferous or positive or less insolent to the scientific physicians who objected to the insertion of septic matter into the blood of the people, than they and their successors on both sides of the Atlantic are to-day in their ascription of ~~to~~ harmlessness to "Glyc~~in~~erated-calf-lymph".

I could not learn positively what sort of filth beloved by the New York Board of Health was poured into the blood of the unfortunate youth whose portrait is given in the Atlas as above mentioned, but from the date of the inoculation, the Fall of 1892, it was ~~most probably~~ almost certainly & pure calf-lymph", though not of the glycerinated variety.

In the early part of February, 1903, I was called upon at my Hotel at Cleveland, Ohio, by Mrs. E.C. ... and her son, a youth of 19 named Charles C.... He was employed by .... and at the request of the Health Officer, of that city, their employees were told ~~in about~~ about November, 1902, ~~his employers gave notice to their employees~~ that they must get vaccinated; and the employees said that it was told them in

(22) In their ignorance too they imagined that if there was no red blood there was no ... in the lymph

50 that they all understood

such a way as to imply that if they did not do so they would be discharged. It is an unhappy fact that American manhood has become so debased, that From the ~~time~~ date of his vaccination ~~he~~, Charles C., began to feel sick and an eruption appeared all over his ~~limbs and~~ body, but especially severe upon his upper limbs and caused great irritation. Plate XXVII, Figs. 1 and 2 are portraits of his appearance about the fifth of February 1903. Insert By a letter

Insert 50

The resemblance of the eruption to Syphilodermia Papulo-pustulosum as figured in plate XXVIII of Ottheil's "Illustrated Skin diseases" is very marked; but is more advanced than shown in the Ottheil's illustration, many of the pustules having ~~[illegible]~~ dried up and proceeded to form [illegible] which would scale off in a little more than 24 hours.

[illegible] to the authorities of Nora Springs asking them to refute Dr. Preston's statement in the interest of vaccination, and received a reply fully confirming Dr. Preston's statement of it, with additional details. The case is as follows : #

Alma Olivia Piehn, daughter of L.H.Piehn, President of the Nora Springs National Bank, Nora Springs, Iowa, was born February fourth 1888, was a perfectly healthy child until she was vaccinated in obedience to an order of the State Board of Health. He and the members of the Nora Springs School Board objected to vaccination, but finally yielded to the urgings of the State Board of Health and of the local board. The physician of the local Board, Dr. Blythe, assured the father that she was a very healthy child, laughed at his fears and assured him that nothing bad would or could follow vaccination such as he practiced, that he used "the purest and best virus in the market", ~~its that~~ it was from the Illinois Vaccine Farm, (supra No. [illegible]) and on the 26th day

Permission has been obtained from Mr. Piehn to publish the melancholy history with names etc. in the hope, as he puts it, "to help destroy this horrible tyranny and superstition."

5th that they all understood

such a way as to imply that if they did not do so they would be discharged. From the ~~time~~ date of his vaccination ~~he~~, Charles C., began to feel sick and an eruption appeared all over his limbs ~~and~~ body, but especially severe upon his upper limbs and caused great irritation. Plate ~~XXIX~~ 11, Figs. 1 and 2 are portraits of his appearance about the fifth of February 1903. Insert By a letter from his mother dated March 27th., 1903, I learnt that "He is apparently healed, except on his hands, the surface is coming off in scales where involved, and very itchy he says." She also mentioned a ~~dis~~ ~~ar~~ derangement of bowels and kidney, though apparently improved under the treatment prescribed.

212 92 Co: This will suffice for cases within my own practice, I will now narrate some others. The first one has a special interest. The father's just fears were laughed down by the Physician to the Board of Health of Nora Springs, Iowa, and the interest of the case is enhanced by the fact, that the Board of Health of Camden, New Jersey, hoping to convict Dr. Preston of that City, (who published the case in a Camden Newspaper,) of falsehood in relation to it, wrote to the authorities of Nora Springs asking them to refute Dr. Preston's statement in the interest of vaccination, and received a reply fully confirming Dr. Preston's statement of it, with additional details. The case is as follows : #

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of February 1894, he vaccinated her. Her arm soon became very sore : Dr. Blythe when appealed to by the alarmed parents, said, "that was all right and just what he expected" and again laughed at the parents' fears, But her body soon showed black blotches all over the skin; still Dr. Blythe said there was no cause for alarm, that the vaccination was working just as it ought to protect one from Small-pox! The hapless child kept getting worse, suffering intense agony, and died May the thirteenth, 1894, two months and fifteen days after her vaccination, the Doctor saying it was working all right, almost till the poor child had breathed its last agonized breath! A portrait of this child in health shortly before the rite of vaccination was performed upon her is given in Plate fig:1

213 Walter M. Ketsow, son of Mr. & Mrs. Charles L. Ketsow of 923 Second Avenue, Altoona, Pennsylvania, was vaccinated to comply with the cruel law of that State about the 25th. of August, 1899, by Dr. Mory E. Nole of Seventh Avenue, Altoona, and died in consequence thereof; blood-poisoned on the 17th. of September of that year. Shortly after his vaccination, the father noticed a blister on the end of the index finger of the right hand. Similar blisters (blebs) came on penis, groin, around the mouth, and, a day or two before his death, upon the soles of his feet and the palms of his hands; the latter consisted of one large blister on each hand occupying the whole of the palmer surface. Although he was vaccinated in the usual place on the left arm, the first blister was observed on the right hand.

Two large blisters appeared upon his hips, one on each; several large blisters appeared in the mouth, filling the buccal cavity. Each blister as it broke disclosed 'raw flesh'. For four days before he died he was wrapped in bandages, no clothes could be placed upon him. The stench was awful. The physician who vaccinated the child attended him and diagnosed the case as blood-poisoning from vaccination, but the death certificate calls it "Impetigo".

The father winds up his letter to me detailing the child's torture by the scientific medicine of this "scientific?" age by saying :

> "I tell you Doctor no other Doctor will ever poison another child of mine with that hellish stuff. They will get an education too, in spite of all the Boards of Hell!"

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Dr. B.F.B..... thus describes his own case, writing on the 13th. of May, 1903. Am 44 years of age.

> "When I was eight years old there was a general "round up" for branding in Miffintown, Penn., where I was living with my parents. Having a common sense not yet destroyed by conventionalism, I got out of the way of the Doctor, but my misguided parents hunted me up and delivered me into the hands of the medical priests of Pennsylvania, as parents of old delivered up their children to be sacrificed by the priests of Moloch. I resisted all I could, of course in vain; what could weakness and the right do against strength and the wrong?"

A very sore arm was the result; soon a large tumor appeared in the right Inguinal gland; this went on to suppuration and was lanced, ~~as was the ignorant practice of the day, and as is continued to the present time by the~~ many ~~ignorant men who style themselves~~ of the school which calls itself "~~regular~~". On this occasion MORE THAN A PINT of pus was evacuated. Within a few days an abscess formed in the left Inguinal glands, soon followed by another in the right, close to the first. He now had three running sores, one in the left Inguinal and two in the right and permanent lymphangitis was now established in this once healthy boy. For a full year he needed crutches and for another year a stick, with which to walk. At the same time he was attacked with, and for years suffered ~~with~~ from a severe catarrhal condition of the Pharynx and nasal passages, which compelled him to adopt a half sitting position when sleeping. He now expectorates freely, a thick greenish sputum with offensive oezena. Suffers frequently from congestion of the lungs.

Family history good; no venereal or inherited disease; parents and four brothers and sisters all living and in good health.

Dr. B. knows of other sufferers from vaccination; two in particular afflicted with running sores on body, arms and face.

In a letter published in the "Medical World" of Philadelphia, ~~whose orthodoxy on the subject of vaccination cannot be questioned,~~ Dr. C. W. Larison of Ringos, New Jersey, testifies to the small fatality of small-pox when properly treated, but expresses an, (I think,) exaggerated horror of the disease for its "Filthiness, loathsomeness, extreme contagiousness, and disfiguring effects in some cases." He, however,

came to the conclusion that in all these effects vaccination was worse and he was, he said, familiar with thirty cases in which death resulted from it. He describes one case of a New York lad of eight as having recently ended fatally; the boy was of a good physique, born of strong healthy parents of the higher grade of society. The lad was put under the care of a New York Physician and lingered for many months. He suffered, says Dr. Larison,

> "Enormous enlargements of many of the glands in different parts of the body; underwent..... surgical operations in which were removed large masses of diseased tissue from the side of the face, from the neck, was treated by eminent New York Physicians; was sent into the country in the hope that rural environs, good water and fresh air might prove restorative. All was in vain."

When Dr. Larison saw him, July twenty-first, he was carried about on a cot or in a chair and died on the ninth of September, 1902.

On p. 129 of Dr. Erasmus Wilson's before-quoted work on skin diseases, that learned physician describes a case in which vesicles and bullae were developed upon inflamed patches on the greater part of the surface of the body of a child of eighteen months who was vaccinated at the London Hospital. Although Dr. Wilson does not speak of the pain the child suffered, it is clear from his description of the cutaneous eruption, that the child's sufferings must have been very great; but all this child suffering goes for nothing in the worship of the Vaccination Fetich. And vaccinators are unmindful of the fact that those among whom these eruptions break out are ~~frequently~~ not infrequently less unfortunate than other subjects of the rite in whom, no lesion other than the vaccine ulcers is immediately perceived. In the case of the former there is ground for hope that the poison is being got rid of through the eruption; while their more unfortunate fellow-victims may have it always lurking in their bodies apt to break forth at any time, with dreadful suffering or in prostrating sickness, with the almost certainty of transmitting to offspring a vitality lowered from what, but for this senseless operation their parents would have bequeathed to them withal.

Dr. Wilson also narrates the case of an infant in whom the

216 "secondary" eruption of vaccinia was so severe as to be the cause of death. The eruption commenced upon the head and face, and thence extended to the neck and chest. On the latter there were more than one hundred vesicles..... On the neck the vesicles were confluent, the slight and irregular intervals of skin between the large patches were vividly red, and from the whole surface poured out an abundant ichorous discharge. The child had evinced a tendency to eczematous eruptions from its birth.

Dr. Wilson also quotes a case from the "Archives of Medicine" for September, 1841. An infant a week old was vaccinated July third; on the tenth several papulae appeared on several parts of the body. On the fifteenth, there were eleven umbilicated vesicles on the abdomen and legs, said to be similar to those of vaccinia; three children inoculated from these vesicles had "ordinary" vaccine vesicles. He also quotes a case, then lately, communicated to the Royal Med: &. Chir: Soc; of a child in whom petechiae appeared upon the skin four days after vaccination. The areola was occupied on the eighth day by an extensive ecchymosis, and the body was covered by petechial spots.

The following cases of an epidemic of glanders produced by vaccination with "pure-calf-lymph" ought to have been instructive as showing the occasional malignancy thereof, but it had no such effect, they seem only to have driven the responsible persons to seek out some insignificant points ~~for redress~~ of practice to be improved.

The cases are known as "the tragedies of Castiglione D'Orcia," in the Province of Sienna, Italy; and an account of them is to be found in the "Gazetta d'Italia" for May, 1879.

Out of 38 children submitted to this calf-lymph vaccination, 29 were attacked with what was regarded as Glanders. The hideous symptoms are described by Dr. Molière in the "Lyon Médical for June 22,1879 he describes it as a veritable "massacre of the innocents."

The late Dr. Hubert Boëns of Brussels translated the article for me, it merits translation in this place.